

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015810

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 95

FILED APR 23 1962

## 1. PLACE OF DEATH

a. COUNTY Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LebanonLength of stay in lb  
3 monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 797 Kansas St.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Laclede

c. CITY OR TOWN Lebanon

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Rt.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Harrison

Middle M.

Last Miller

4. DATE OF DEATH

Month 4

Day 15

Year 62

5. SEX Male

6. COLOR OR RACE W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/6/90

9. AGE (last birthday) 71

IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Laclede County

12. CITIZEN OF WHAT COUNTRY U.S.A.

## 13a. FATHER'S NAME

Thomas Miller

## 13b. MOTHER'S MAIDEN NAME

Mary Jane Darrow

## 14. NAME OF HUSBAND OR WIFE

Eula Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no17. INFORMANT  
Edward Miller Lebanon Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Adenocarcinoma of rectum

INTERVAL BETWEEN ONSET AND DEATH  
1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour . Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 19 50 to death and last saw him alive on 4/10/62.  
Death occurred at 940 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or informant)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James Douglas Guswald

Licensed Embalmer No. 5099

P. O. Address Rebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit sealed 4-18-1962 D. R. D.